## Wisconsin Department of Safety and Professional Services

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

## APPLICATION FOR BARBERING AND COSMETOLOGY CONTINUING EDUCATION TEST-OUT EXAMINATION

PLEASE TYPE OR PRINT IN INK  Your name and address are available to the public.  Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).									
Last Name	First Name		MI	Former /	Former / Maiden Name(s)				
Your Street Address (number, street, city, state,	zip)			•					
Email address (necessary to receive exam instru									
Date of Birth  month day year	Daytime Telephone Number  ( )								
Wisconsin license/credential number:									
EXAM INSTRUCTIONS will be emailed to you upon receipt and processing of this application.									
APPLICATION FEE: Make one check payable to DSPS for the total DSPS fee and attach to this application.				For Rec	eipting Us	se Only			
\$ 75.00 Exam fee \$ 75.00 Re-exam fee  #2946 (Rev. 11/11)									
#2946 (Rev. 11/11) Ch, Stats.									

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